

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002409

**FILED**  
**Apr 20, 2016**  
**Secretary of State**  
**CC6257965847**

**Entity Name:** HANCOCK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2510 14TH STREET  
GULFPORT, MS 39501

**Current Mailing Address:**

ATTN: TERESA LYGATE  
228 ST. CHARLES AVENUE SUITE 626  
NEW ORLEANS, LA 70130 US

**FEI Number:** 64-0169103

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ACHARY, MICHAEL M  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR, CHAIRMAN  
Name LOPER, D. SHANE  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title ASST. SECRETARY  
Name LYGATE, TERESA Z  
Address 228 ST. CHARLES AVENUE  
SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130

Title CORPORATE TAX OFFICER  
Name LESTELLE, ELIZABETH M  
Address 228 ST. CHARLES AVENUE  
City-State-Zip: NEW ORLEANS LA 70130

Title VP  
Name COMISKEY, PATRICIA  
Address 228 ST. CHARLES AVENUE  
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR  
Name EXNICIOS, JOSEPH S.  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

Title TREASURER, VP, ASST. SECRETARY  
Name WADSWORTH, JUSTIN  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title SECRETARY  
Name PHILLIPS, JOY LAMBERT  
Address 2510 14TH STREET  
LEGAL DEPARTMENT  
City-State-Zip: GULFPORT MS 39501

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERESA Z. LYGATE

**ASSISTANT SECRETARY** 04/20/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            DICKERSON, MICHAEL K.  
Address        2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501